## DEPARTMENT OF MENTAL RETARDATION OFFICE OF QUALITY ENHANCEMENT NOTICE OF IMMEDIATE ACTION REQUIRED

| TO:  |                       |  |  |              |  |
|--|-----------------------|--|--|--------------|--|
|  | Executive Director    |  | Responsible Staff                        |              |  |
| FROM:  | Team Member           |  | Telephone #                              |              |  |
|  |                       |  | 1  |              |  |
| IDENTIFYING  | SINFORMATION:         |  |  |              |  |
| Provider:  |                       |  | Please check one:<br>Immediate Jeopardy: |              |  |
|  |                       |  | Action Require                           |              |  |
| Date Identified:   |                       |  |  |              |  |
| Home Support □   | Work/Day Suppor       | rt 🗆   |  |              |  |
| Type of Issue:   |                       | 1) $\Box$ ; Funds (02) $\Box$ ; Healt 4) $\Box$ ; Evacuation (05) $\Box$ ; |  |              |  |
| AREA REQ   | `                     | CORRECTIVE ACTION  |  | CORRECTION   |  |
| ,  |                       |  |  | REQUIRED BY: |  |
|  |                       |  |  |              |  |
|  |                       |  |  |              |  |
|  |                       |  |  |              |  |
|  |                       |  |  |              |  |
| Provider Respon  | se (optional):        |  |  |              |  |
| 1  | ( <b>1</b>            |  |  |              |  |
| Status o   | on Correction Date: C | `orrected □ Partially  | Corrected   Not                          | Corrected    |  |
| 20000  |                       |  | 1,00                                     |              |  |
| CORRECTION   | CONFIRMATION T        | o be completed after corre   | ection action confirme                   | d            |  |
| Site Visit   | Written (Attac        | h To Form)   |  |              |  |
| Site Visit Written (Attach To Form) Team Member's Signature Confirm Date |                       |  |  |              |  |
|  |                       |  |  |              |  |
| cc: Team Me  | ember                 |  |  |              |  |
| Regional Quality Enhancement Director                                    |                       |  |  |              |  |
| Regional Director  |                       |  |  |              |  |

Area Director

## **EXAMPLES OF IMMEDIATE JEOPARDY SITUATIONS**

| CATEGORY   | IMMEDIATE JEOPARDY   |  |  |
|--|--|--|--|
|  | Based on the type of situation and needs and capabilities of the individual, the following are examples of immediate jeopardy:   |  |  |
| Environmental  | Hot water above 130 degrees in a living situation where individuals cannot regulate the water temperature independently Condition that creates an immediate risk for fire (e.g., storage of flammable materials, furnace is smoking) |  |  |
|  | Smoke detectors not operable   |  |  |
|  | Both means of egress obstructed (e.g., ice or snow, materials blocking the exit);  OR  |  |  |
|  | Lack of access to a means of egress that is used as a primary or secondary escape route in case of a fire or other emergency   |  |  |
|  | Heat not working (winter)  |  |  |
|  | Assistive device necessary for emergency evacuation not working (e.g., bed shaker, strobe light)   |  |  |
| Health/Medication  | Evidence of numerous medication errors   |  |  |
|  | Serious omissions of medication documentation  |  |  |
| Human Rights   | Level II or III behavior plan implemented without physician's approval   |  |  |
| Evacuation Individuals not able to evacuate their home in 2 ½ minute emergency |  |  |  |
| Other  | Observation of harmful acts (e.g., aggression) to others with no implementation of planned intervention by staff   |  |  |